

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	4/26
O.I.P.E. CLASSIFIER	ECN		5/2/00
FORMALITY REVIEW	KND	71477	5/23/00
RESPONSE FORMALITY REVIEW	KND		7/5/00

INDEX OF CLAIMS

- | | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — | (Through numeral) Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

Claim	Final	Original	Date
1	✓	✓	2/5/00
2	✓	✓	2/8/00
3	✓	✓	2/15/00
4	✓	✓	2/15/00
5	✓	✓	2/15/00
6	✓	✓	2/15/00
7	✓	✓	2/15/00
8	✓	✓	2/15/00
9	✓	✓	2/15/00
10	✓	✓	2/15/00
11	✓	✓	2/15/00
12	✓	✓	2/15/00
13	✓	✓	2/15/00
14	✓	✓	2/15/00
15	✓	✓	2/15/00
16	✓	✓	2/15/00
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43	✓	✓	2/15/00
44	✓	✓	2/15/00
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46	✓	✓	2/15/00
47	✓	✓	2/15/00
48	✓	✓	2/15/00
49	✓	✓	2/15/00
50	✓	✓	2/15/00

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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